

Approved 5/18/2006

**INTERAGENCY COORDINATING COUNCIL  
COMMITTEE MEETING NOTES**

**COMMITTEE:** Integrated Services and Health

**RECORDER:** Peter Guerrero

**DATE:** 03/24/06

**COMMITTEE MEMBERS**

**PRESENT:** Arleen Downing, Gretchen Hester, Ed Gold, Dwight Lee, Peter Michael Miller, Mara McGrath, Robin Millar, Toni Gonzales, Hallie Morrow, Ninita Herrera-Sioco, Beverly Ching

**ABSENT:** Sylvia Carlisle, Sandy Harvey, Kat Lowrance, Ivette Pena

**GUESTS:** Leslie Brouillette (CCS Early Start Liaison)

**LIAISONS:** Susann Del Sarto, DDS, Nancy Sager, CDE

**AGENDA**

**I. INTRODUCTIONS AND WELCOME**

**II. AGENDA REVIEW:** Revision to the printed agenda:

- Executive Committee report
- Wellness Conference ES Strand agenda recommendations
- Refining of the assigned priority area and discussion about related activities and measurable outcomes
- Data required from DDS specific to assigned priority area
- Agenda for May

**III. REVIEW AND APPROVAL OF PRIOR MEETING NOTES**

Minutes approved with revisions.

**IV. EXECUTIVE COMMITTEE REPORT:** Chair informed the members that the priority assigned to this committee is "Special Health Care Needs/ Managed Care/ Outreach to Primary Health Care Provider." The charge of the committee is to refine the area to a specific banner title and to determine outcomes and related activities for this priority area. The area of the Outreach to Primary Health Care Provider is assigned to the Public Awareness Committee and it is expected that we will work with them in this area. Other tasks for the committee are listed in the above agenda. Today's meeting will be only an hour.

- V. **WELLNESS CONFERENCE STRAND:** Committee members had been asked for recommendations to the ES strand prior to today's meeting and these were submitted to Rick Ingraham. The draft agenda distributed yesterday was reviewed for possible additions. No additions recommended. Additional ideas can be forwarded to Rick Ingraham.

VI. **ASSIGNED PRIORITY AREA DISCUSSION: Special Health Care Needs/Managed Care:**

Discussion ensued as to a need for better identification of clusters of physicians serving/referring ES eligible children within regional center catchment areas and possibly identifying areas from which children are not being served or referred. Currently, there is no data collected regarding this information. A possible method to collect this information is to add identifying information about the child's PCHP (based upon a common definition of PHCP) including name and a geographic indicator to the DDS database via the Early Start Report completed by regional centers and reporting protocol for LEAs. (The ISH committee has previously stated that best practice is for the PHCP to be listed in the IFSP.) Data regarding referral source is often noted on the intake information form.

Identification of primary health care providers would enable better targeting for outreach and strengthening of the Medical Home concept and care/coordination. (Every child will have a Medical Home.) Collating data from regional centers, LEA's, and CCS data would provide additional information regarding children with special health care needs who are served by physicians.

Beverly Ching identified a method by which information could be gathered regarding children in ES who are being managed by an HMO Medical Plan (IEHP in Inland Regional Center area): A computer run of Medi-Cal eligible children, 0-3, was sent to IEHP, analyzed and resulted in a list of common members which can be case managed for specific problems at IEHP. Also, the "Baby CDER" (Early Start Report) captures different high risk factors and ICD-9 codes indicate specific diagnoses (if they are entered into the system). There is a question as to the practice of recording the ICD-9 code at different regional center and whether this information is tracked locally or at the state level. There also is a question of whether Regional Centers are able to use the ICD-9 code data to share with programs regarding the types of special health care needs are present for the children being served.

Potential activities:

- Training for parents on the Medical Home concept. (Each child will have a Medical Home.)
- Targeting outreach to communities identified as under serving or under referring children with special health care needs for ES services.
- Better coordination of care with managed health care plans.

A second area discussed was the need to identify numbers of children with special health care needs that are not receiving shift nursing through EPSDT and/or nursing respite.

The third area was regarding access to child care for children with special health care needs. It was noted that although childcare is not an Early Start required service, children with special health care needs are often unable to access community childcare due to lack of support to providers. This often necessitates that parents leave the workforce.

Potential activities:

- Training for childcare providers on supporting children with special health care needs in community settings. Training would include care techniques and equipment use.
- Focused program development efforts on community-based child care for children with special health care needs.

**VII. DATA NEEDS:**

- Physician referrals to ES system (RC/LEA)
- Names of primary care physician and geographic indicator (e.g. zip code)
- Types of health care parameters and technology (G-tube, trach, etc.) associated with children currently receiving EPSDT shift nursing and/or nursing respite.
- Numbers and types of children with special health care needs especially those with multiple handicaps using technology (G-tube, trach, other equipment) who are not receiving EPSDT shift nursing and/or nursing respite.
- Comprehensive health status parameters to identify unmet needs via IFSP review
- Children who are Medi-Cal eligible and also served by local HMOs.

**VIII. INTERIM COMMITTEE ACTIVITIES:** Members were asked to submit suggestions for May agenda or data needs to the chairs.

**IX. AGENDA FOR MAY:** Discussion will continue to choose a “specific banner title” for the priority area and identify measurable outcomes.